

X2630

FILED MAR 30 1943 18

Registration District No. **1003**

Registrar's No. **2637**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #2 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 (Specify whether)  
In this community 22  
years, months or days

3. (a) PRINT FULL NAME Clarence Mitchell

3. (b) If veteran, name war #1

(c) Social Security No. #10-18-9340

4. Sex Male 2 race Col 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alberta 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased: June 2nd 1895  
(Month) (Day) (Year)

8. AGE: Years 47 ~~48~~ Months 9 Days 14 If less than one day hr. min.

9. Birthplace Mulberry Tenn 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER { 12. Name John Mitchell

13. Birthplace Mulberry Tenn 1  
(City, town, or county) (State or foreign country)

14. Maiden name Barley

15. Birthplace Mulberry Tenn 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Alberta Mitchell

(b) Address 1210 N Spring Ave

17. (a) Burial (b) Date thereof 3-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director J. J. Randle & Son

(b) Address 3123 Bell Ave

19. (a) MAR 19 1943 (b) J. F. Medved  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 921

(a) State Missouri (b) County St Louis

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3418 Lawton Blvd  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th  
year 1943 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertrophic Myocarditis;

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions g g k  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 3

23. Signature Thomas J. Callahan (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 3-19-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *S. J. Watson*  
Licensed Embalmer No. *269 P*  
P. O. Address *2769 Shouster*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**